

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		2					54		/				
5		2					55	/					
6		0					56		/				
7		0					57		/				
8		0					58		/				
9	/						59		/				
10		/					60		/				
11		/					61		2				
12		2					62		/				
13		2					63		/				
14		2					64						
15		2					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24	/						74						
25		/					75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42	/	/					92						
43	/	/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	5						TOTAL IND.	1		4			
							TOTAL DEP.	13		63			

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